



SAC Date 02/04/04 899-50283 251529

RCE/1600

PATENT
Attorney Reference Number 899-50283

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gold

Application No. 09/130,887

Filed: August 7, 1998 ..

Confirmation No. 6989

For: COMPOSITIONS AND METHODS FOR
PROMOTING NERVE REGENERATION

Examiner: Li Lee

Art Unit: 1645

Attorney Reference No. 899-50283

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP RCE, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Agent
for Applicant(s)

Date Mailed February 4, 2004

MAIL STOP RCE
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

**REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER**

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the application referenced above.

Submission required under 37 C.F.R. § 1.114

- ☐ Previously submitted
- ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ☐ Other _____
- ☒ Enclosed
- ☐ Amendment/Reply
- ☐ Affidavit(s)/Declaration(s)
- ☒ Information Disclosure Statement (IDS)
- ☐ Other _____

Miscellaneous

- ☐ Petition for suspension of action on the application referenced above is under 37 C.F.R. § 1.103(c) for a period of _____ months.
- ☐ Other

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385.00 0P

FILING FEE					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Fee under 37 CFR 1.17(e)					\$385.00
Total Claims	5	- 20*	= 0	\$9.00	\$ 0.00
Indep. Claims	2	- 3**	= 0	\$43.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$145.00	\$0.00
One-month Extension of Time				\$55.00	\$0.00
Two-month Extension of Time				\$210.00	\$0.00
Three-month Extension of Time				\$475.00	\$0.00
TOTAL FILING FEE					385.00

* greater of twenty or number for which fee has been paid.

** greater of three or number for which fee has been paid.

- ☒ Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By


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cc: Docketing